

SAN ANTONIO METROPOLITAN HEALTH DISTRICT



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Dear Partners in Health:

Health Profiles 2005 is the most recent version of our annual report in our continuing effort to produce a comprehensive assessment of our progress as a community in the pursuit of a safe and healthy environment for our residents and all visitors to San Antonio and Bexar County. Each annual report is an attempt to better understand the complex circumstances, conditions and indicators that must be monitored and analyzed in order to achieve an accurate portrayal of our current health status.

Prevention, early detection and effective intervention remain our most effective and productive strategies. While more work needs to be done, we take some pride and satisfaction in noting that our teenage pregnancy numbers are continuing to track downward. Our Project WORTH initiative is proving to have a positive impact. The Healthy Start program is making progress in addressing the challenges posed by high risk pregnancies and improving the health of both mothers and infants. Steps to a Healthier San Antonio, one of our newer initiatives, will be directing and coordinating a broad spectrum of community resources as we attempt to address the issues of obesity, diabetes and asthma in our community. We are continuing to improve our overall rates of immunization. Although some segments of our community require continuing outreach and education. We have experienced no major outbreaks of vaccine preventable illnesses.

We make a concerted effort through our ongoing surveillance of health and societal indicators to be alert for new and emerging problems. We have been tracking with growing concern the increase in the number of cases of abuse and neglect of children, often with fatal consequences. In the year ahead we will be monitoring these troubling trends more closely in an effort to develop more effective education and intervention strategies.

We are continuing to pursue our goal of creating and sustaining a high performing public health system. Public Health must also increasingly adopt an "all hazards" posture that will allow it to respond promptly to a wide range of natural and man-made threats while continuing to perform its traditional missions and roles. The very real threat of pandemic influenza is only one example of such challenges. We need to work in collaboration with our partners throughout our community's various health care systems while expanding opportunities for increased training and cross training of our staff to maximize our impact and efficiency.

As we assess last year's public health challenges and our responses to them, the specter of Hurricanes Katrina and Rita immediately comes to mind. We tend to forget that our public health enterprise has always needed to be on call for

METRO HEALTH
SAN ANTONIO'S PUBLIC HEALTH TEAM

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response to emergency conditions brought on by the forces of nature. Storms, flooding, earthquakes and other unpredictable events create conditions that put both individuals and communities in harms way. They require prompt, coordinated and focused responses that target our most vulnerable populations. As we opened our communities to the waves of evacuees from the Gulf storms we demonstrated both our compassion and our professionalism. The ranks of public health responders was stressed and strained by the size and scope of the disaster. We would not have been able to respond as well as we did without the dedicated work of the army of community volunteers from all walks of life who devoted untold hours to relocating and stabilizing the evacuees. It demonstrated once again the importance of the "public" in public health as well as a strong sense of community solidarity.

There were many lessons learned. That experience provided us with the opportunity to test our emergency preparedness plans and protocols. We were able to monitor our institutional infrastructure and its ability to organize and mobilize the many public health, environmental health and public safety resources at our disposal. We have identified numerous areas where the system was temporarily overwhelmed. We were presented with many problems that were simply not anticipated. All in all, however, we fielded a team of public health professionals and volunteers that coped well with the many needs and demands the presence of so many evacuees represented. We made a real difference in providing a degree of relief, comfort and stability in a time of uncertainty that engulfed so many.

Our community's response to that challenge only served to reinforce our awareness of the special needs that so many of our fellow citizens experience as members of vulnerable sub-populations. The elderly, the disabled, the mentally impaired, the single parent, the functionally illiterate, the uneducated, the unemployed and the socially isolated are marginalized in the best of times. Faced with a disaster or crisis their ability to identify and access needed services is severely compromised. Our report this year, and in future years, will attempt to pay special attention to these at-risk individuals. If we are unable to address their needs in times of relative calm and stability, how well will we respond when we find ourselves facing the next emergency situation?

Sincerely,

Fernando A. Guerra, MD, MPH
Director of Health

